

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

NAJAY CUMMINGS,

Plaintiff,

-v.-

JOHN DOE OMH PROVIDER; JOHN
DOE/JANE DOE PSYCHIATRISTS; JOHN
DOE/JANE DOE PHARMACISTS,

Defendants.

23 Civ. 11184 (KPF)

ORDER

KATHERINE POLK FAILLA, District Judge:

On March 14, 2024, the Court issued an Order, pursuant to *Valentin v. Dinkins*, 121 F.3d 72, 76 (2d Cir. 1997), directing the New York City Law Department (the “Law Department”), as the attorney for and agent of the New York City Department of Correction (“DOC”), to identify the John and Jane Doe Defendants who were allegedly involved in the events giving rise to Plaintiff’s complaint. (See Dkt. #6). In response, the Law Department and its outside counsel have identified the John/Jane Doe Psychiatrist as James Cassar, who is employed by Correctional Health Services (“CHS”) as a psychiatric nurse practitioner, and the John/Jane Doe Pharmacist as Chelsea Whittaker, who is employed by Physician Affiliate Group of New York, Inc. (“PAGNY”) as a pharmacy technician. (Dkt. #10, 15). The Law Department represented that, despite a review of its records, it cannot ascertain the identity of the John Doe OMH Provider. (Dkt. #10 at 2).

Accordingly, Plaintiff shall file his amended complaint on or before **June 27, 2024**. (Dkt. #15). In response to Plaintiff’s letter request, the Court has

appended a copy of the Amended Complaint Form to this Order. In his amended complaint, Plaintiff shall name Defendants Cassar and Whittaker, who may be served at the following addresses:

James Cassar

c/o Gwendolyn Renee Tarver
H+H-Correctional Health Services
49-04 19th Avenue 1st Floor
Astoria, New York 11105

Courtney Whittaker

c/o Gwendolyn Renee Tarver
PAGNY-Correctional Health Services
49-04 19th Avenue 1st Floor
Astoria, New York 11105

Upon Plaintiff's filing of his amended complaint, the Court will issue an order directing the Clerk of Court to complete the USM-285 from with the addresses for the newly named defendants and deliver all documents necessary to effect service to the United States Marshals Service

The Clerk of Court is directed to: (i) mail a copy of this Order to the New York City Law Department, 100 Church Street, New York, N.Y. 10007; and (ii) mail a copy of this Order to Plaintiff at his address of record.

SO ORDERED.

Dated: May 31, 2024
New York, New York



KATHERINE POLK FAILLA
United States District Judge

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Write the full name of each plaintiff.

No. _____
(To be filled out by Clerk's Office)

-against-

COMPLAINT
(Prisoner)

Do you want a jury trial?
☐ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a “*Bivens*” action (against federal defendants).

☐ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

First Name	Middle Initial	Last Name
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State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency’s custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Current Place of Detention

Institutional Address

County, City	State	Zip Code
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III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 2:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

VII. PLAINTIFF’S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

_____		_____	
Dated		Plaintiff’s Signature	

First Name	Middle Initial	Last Name	

Prison Address			

County, City		State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: _____